12030910842

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2012 OCT 16 AM 11: 19

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1		reviously orted. (ACC)	Sar	1 708	و		· ;	CN	95113	<u> </u>
2.	FEC IDI	ENTIFICATION	NUMBER 7	,	CITY A			STATE A	ZIP	CODE A
	c 0	05020	033		3. IS THIS REPORT	/	NEW (N) OR	An (A	MENDED)	
4.	TYPE (OF REPORT		eport	Feb 20 (M2))	May 20 (M5) Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Que	rterly Reparts:	Di	ie On:	Mar 20 (M3))	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15	,		Apr 20 (M4))	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
		Quarterly Repor	t (Q1) (c)	12-Day		Primary (1	2P)	General	(12G)	Runoff (12R)
		July 15 Quarterly Report	t (Q2)	PRE-Election Report for t		Convention	n (12C)	Special	(125)	
	/	October 15 Quarterly Report	t (Q3)							
		January 31 Year-End Report	t (YE)	E	lection on	·	i		· in the State	ne te of
		July 31 Mid-Yea Report (Non-elec Year Only) (MY)	ction : (a)	30-Day POST-Elect Report for t		General (3	0G)	Runoff (30R)	Special (30S)
		Termination Rep (TER)	ort .	·	lection on		0 - 2		in th Stat	ne de of
5.	Covering	Period	07 6	1 20	リス	through	00	30	2012	λ.
	ortify that I	have examined	this Report	and to the he	st of my kno	wiedne an	l helief it is t	rue correct an	d complete	
	•	Name of Treas		icharc	1 -			rde, correct arr	u complete.	
Sig	nature of	Treasurer	By		ll		_	Date 10	15	2012
NO	TE: Submis	ssion of false, en	opeous, or in	complete infon	mation may s	ubject the p	erson signing	this Report to t	he penalties of	2 U.S.C. §437g.
1	Offi									ORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

01 2012

To: 09 30 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012.		38.50
	(b) Cash on Hand at Beginning of Reporting Period	452 10	
	(c) Total Receipts (from Line 19)	2130.00	950917
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2582.75	1000035
7.	Total Disbursements (from Line 31)	188468	9155 03
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69807	245 32.
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	433410	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100



DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

20 State STRATEGY

				·
Report	Covering	the	Period:	F

rom: 07 01 2012

To: 09 30 2012.

Neport Governing the Feriod.	10.	01 30 40 12.				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2,13000	5475.00				
(ii) Uniternized						
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	213000	5475.00				
(b) Political Party Committees(c) Other Political Committees	.•					
(such as PACs)(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Atfiliated/Other	2130.00	5475.00				
Party Committees	•	•				
13. All Loans Received		9 624 10				
14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Correct Totals to Line 37, page 5)						
(Carry Totals to Line 37, page 5)						
Political Committees						
17. Other Federal Receipts		·				
(Dividends, Interest, etc.)	3					
(from Schedule H3)						
(b) Levin Funds (from Schedule H5)						
(c) Total Transfers (add 18(a) and 18(b))						
19. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	2130.06	14509.10				
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	213000	14509.10				
		•				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	Calendar Year-to-Date
• • • • • • • • • • • • • • • • • • • •	
(ii) Non-Federal Share	
(b) Other Federal Operating	2 -24-2
Expenditures	03 594220
(c) Total Operating Expenditures	
(add 21(a)(i), (a)(ii), and (b))▶ 34, (<i>0</i> 8 5942.20
22. Transfers to Affiliated/Other Party	
Committees	
24. Independent Expenditures	
· ·	
(use Schedule E)	
26. Lean Repayments Made	00.0085
27. Loans Made	
(b) Political Party Coramittees	
(c) Other Political Committees	·
(such as PACs)	
(d) Total Contribution Defends	
(d) Total Contribution Refunds	
(add Lines 28(a), (b), and (c))▶	
29. Other Disbursements	
30. Federal Election Activity (2 U.S.C. §431(20))	
(a) Allocated Federal Election Activity	
(from Schedule, H6)	
(i) Federal Share	
W W	
(ii) "Levin" Share	
(b) Federal Election Activity Paid Entirely	
With Federal Funds	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	
31. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	; 8
32. Total Federal Disbursements	
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31)	9742.20
	7 1 1 - 2 - 2

DETAILED SUMMARY PAGE

of Disbursements

1884.68

	FEC Form 3X (Rev. 02/2003)	
III.	Net Contributions/Operating I	x-

penditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(fram Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Or Diobuisonients	Page 5
COLUMN A	COLUMN B
Total This Period	Calendar Year-to-Date
2130.00	547500
2130.00	547500
1884.68	594220

5942,20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)								:		
TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15		12 16	П	17	
Any information copied from such Reports and or for commercial purposes, other than using the												
name of committee (in full) 50 State Strategy												
Full Name (Last, First, Middle Initial) A. Helen Wilson			\top	Date of	f Re	ceint						
Meiling Address 710 S. Indian Hills				らつ		•	: ۲	ŹŎ	i	Ž .		
St George	State UT	Zip Code 84770	\bot	Amoun	t of	Each I	Receipt	this F	Period			
FEC ID number of contributing federal political committee.	С					,	,	1	0.	<i>0</i> (Ś	
Name of Employer	Occupation	nployed										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-le-Date ▼ ,										
Full Name (Last, First, Middle Initial) B. Richard Robinson				Date of	f Re	ceipt						
Mailing Address 10679 Farallone D City 0		Zip Code		ÖŤ	,	Î) '	žζ	17	ί.		
Cupertino	CA	95014		Amount	t of	Each F	Receipt	this P	eriod			
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Name of Employer ROBINSON COMMUNICATION	Occupation 15 C#	EO					•					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ , 3,150.00										
Full Name (Last, First, Middle Initial) C. Richard Kobinson				Date of	Red	ceipt						
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Cupietino	(A	95014	<u> </u>	Amount	of !	Each D	locaint t	hie O				

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	, 4,150.00	,	, I,O

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Occupation

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Aggregate Year-to-Date ▼

FEC ID number of contributing federal political committee.

Communications

General

Name of Employer

RODINSON Receipt For:

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		Detailed Summary Page	-	11a		11b	ы	1c	12	_	_
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NAME OF COMMITTEE (in Full)											
150 State Strategy		·									
Full Name (Last, First, Middle Initial) A. <u>Helen Wilson</u>		•		Date o	of Rec	eipt					•
Mailing Address 710 S. Indian Hill	Mailing Address 710 S. Indian Hills De #8						。 <i>'</i> 7		01		
St. George	State	Zip Code 84 170	-	Amoun	t of E						•
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federal political committee.	•					;		;	, –	, •	\mathbf{C}
Name of Emplöyer	Occupation	nployed									
Receipt For:		Yarar-in-Date ▼	\neg								
Primary General											
Other (specify)		, 50.00									
Full Name (Last, First, Middle Initial) B. Richard Robinse	57 C			Date o	f Rec	eipt				-	
			٦.	08/16/2012							
Mailing Address 10679 Farallone	DR.		_	0 8	3	+ (Q	2	OI	a	:
city (upeethno	State CA	zip code 95014.	_	Amoun							
FEC ID number of contributing federal political committee.	C.				i	ŧ.		·9	50	. C	0
Name of Employer	Occupation		1								
Koloinson Communications	CEL)	╛								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (spacify)		4,200.00									
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Full Name (Last, First, Middle Initial) C. Kichard Robinson	·	· · · · · · · · · · · · · · · · · · ·		Date o	f Rec	eint					
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Mailing Address 10679 Farallone [City)/2 · State	Zîp Code	4	90		1 -	7		01	2	
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FEC ID number of contributing federal political committee.	С					. >	1	. 0	00	,0	0
Name of Employer	Occupation		4								•
Robinson Communications	CEC										
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Other (specify) ▼		, 5,200.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11c 12 Detailed Summary Page 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, ather than using the sume and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (# Full) Full Name (Last, First, Middle Initial) Helen Date of Receipt Mailing Address HILLS DR.#8 City State Zip Code ut Amount of Each Receipt this Period FEC ID number of contributing C 10,00 federal political committee. Name of Employer Occupation unemployed Receipt For: Aggregate Yaar-to-Date ▼ Primary General Other (specify) , 60 .00 Full Name (Last, First, Middle Initial) Date of Receipt **Mailing Address** City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing :C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) up Full Maron (Last, First, Middle Initial) **Date of Receipt** Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) .5 10.00 SUBTOTAL of Receipts This Page (optional)..... 30.00

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	50 State Strat	tegy	•											
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	Candidate Name	<u> </u>			C	ategoi	v/		٠	٠.			^	41.0
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	Senate		Primary	General										
	President State: District:		Other (spo	ecify) 🔻										
_	Full Name (Last, First, Middle Ini	tial)									_			
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	Mailing Address 14 ARROW St				,			Ö	1	1	Ø.	à	01	à.
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	Cambridge	2	State 755	Zip Code 02138				-				•		
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	Candidate Name	20.00	<u>, </u>		Ca	tegory	,	Amount		eech (/ISOL			
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	Office Sought: House Senate	Disbursen	ent For: Primary	General										
	President	I ——I	Other (spe	لسسا										
	State: District:						- 1							

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b		PAGE OF 24 25 26 28c 29 300
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NAME OF COMMITTEE (In Full) 50 State Strategy	4			
Full Name (Last, First, Middle Initial) A. Robinson Communica Mailing Address 152 N. Third St.	Sivite 7000		Date of Disbursement	-
	tate Zip Code CA 95112			
Ivan Repayment		Category/ Type	Amount of Each Disb	,900.00
	ent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement	
14 ARROW ST	sta Zin Code		0001	<u> </u>

Camble dae. Purpose of Disbursement	State Zip Code MASS 6213	8.	
Purpose of Disbursement Fun approximate Name Candidate Name	via Fee		Amount of Each Disbursement this Period
		Category/ Type	, , 0,40
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify).	ral .	
Full Name (Last, First, Middle Initial) ACT BUL	·		Date of Disbursement
Meiling Address 14 ARROW St			08 16 Xo13
Cambridge	State Zip Code MASS 0213	¥8 ·	
Purpose of Disbursement TWO LOUSING SOLUTION Candidate Name	sice Fee.	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	Disbursement For: Primary Gener Other (specify)	al	
UBTOTAL of Disbursements This Page (optional)		. 902 30

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22	☐ 24 ☐ 25 ☐ 26 28c ☐ 29 ☐ 30b		
Any information copied from such Reports and States or fer entermential purposes, other than using the near	nents may not be sold or used	by any pers	on for the purpose of	of soliciting contributions		
NAME CF COMMITTEE (IN FUE) 50 State Strategu						
Full Name (Last, First, Middle Initial)						
A ACT Blue			Date of Disburse			
Mailing Address 14 ARROW St			08'1-	7 2012		
cambridge Mi	tate Zip Code					
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Candidate Name	Č	Category/ Type	Succeeding to the proposition of the second	. 39.50		
	ent For: Primary General Other (specify) •					
Full Name (Last, First, Middle Initial)			 			
united States Postal Servi	ce		Date of Disburser	8 2012		
Mailing Address Primacy Pkwy.			V, O . O .	5 30 1d		
Memphis Purpose of Disbursement	tate Zip Code N 38188	to, missing				
Address Many Service Candidate Name	· · · · · · · · · · · · · · · · · · ·	alegory/ Type	grantiganing and ga	Disbursement this Period		
` 	ent For: Primary General Other (specify). •					
Full Name (Last, First, Middle Initial)						
c. Robinson Communica	tions		Date of Disbursen	1) 2012		
152 N. Third St. Swi	te 600 ·		<u> </u>	2 ×0.14.		
San Jose	ate Zip Code A 95112			•		
Purpose of Disbursement DCM RUPALY MUNT Candidate Name		ategory/ Type	age of the same	Sursement this Period		
heed	int For: nimary General ther (specify) •	- //	San Albert State (1971) Salar	ale ale la Yerra alla d		
SUBTOTAL of Disbursements This Page (optional)			#:-	,940,50 1,884.68		
TOTAL This Period (last page this line number only)			1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	1,884.68		

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) PAGE

OF

UANS	for each of Detailed S	category of the Summary Page	FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)			
50 State Strategy			
LOAN SOURCE Full Name (Last, First, Middle Initial)		Ele	ection:
Robinson Communication	MS.		Primary General
Mailing Address 152 N. Third St San J City State	OSE CA 9511	12	Other (specify)
OKY STATE OF THE PROPERTY OF T	e Payment To Date	Balance (Outstanding at Close of This Period
130 00		0	13000
TERMS Date Incurred	Date Due	Interest Rate	Secured:
01 17 2012		0.00) % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Sou	ırce	-	
1. Full Name (Last, First, Middle Initial)	Name of Er	mployer	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding		
2. Full Name (Last, First, Middle Initial)	Name of En	nployer	
Mailing Address	Occupation		
City State ZIP Code	Outstanding	:	
3. Full Name (Last, First, Middle Initial)	Name of En	nployer	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding	:	
4. Full Name (Last, First, Middle Initial)	Name of En	nþloyer	·
Mailing Address	Occupation		· · · · · · · · · · · · · · · · · · ·
City State ZIP Code	Amount Guaranteed Outstanding:	:	
SUBTOTALS This Period This Page (optional)		. ▶	130.00
OTALS This Period (last page in this line only)			

SCHEDULE C (FEC Form 3X) LOANS			Us	e separate schedule(s)			
CANS			for	each category of the tailed Summary Page			
ME OF COMMITTEE (In							
50 State 9	Strategy.					·	
LOAN SOURCE Full N	lame (Last, First, Mid	dle Initial)			Election:		
Robinson Communication					Primary General		
Mailing Address 152 N Thir	d St., Stc 60	O San Jo	Se CA	95112	Other (speci	fy) ▼	
City Original Amount of Loa		State Cumulative Payre	ZIP Code	<u>,,, , , , , , , , , , , , , , , , , , </u>	ce Outstanding a	t Close of This Period	
Original Finds	7.05			0.00		7.05	
TERMS			· D.:-	f-tt D-t-			
Date Inci		Dar	te Due	Interest Rate	27)	Secured:	
02 01	2012			O_{i}	20 % (apr)	Yes No	
List All Endorsers or G	iuarantors (if any) to	Loan Source			· ····································		
1. Full Name (Last, First	st, Middle Initial)		Nam	e of Employer			
Mailing Address		·····	Occu	pation		·	
			Amo	unt ,	·		
City	State	ZIP Code	Guar	anteed landing:			
2. Full Name (Last, First	l, Middle Initial)		Name	e of Employer	······································	· · · · · · · · · · · · · · · · · · ·	
Mailing Address		-	Occu	pation			
			Amou	unt			
City	State	ZIP Code	1	anteed anding:		·	
3. Full Name (Last, First	, Middle Initial)		Name	e of Employer	**		
Mailing Address			Occu	pation			
			Amou	unt			
City	State	ZIP Code		anteed anding:			
4. Full Name (Last, Hrst	, Middle Initial)		Name	of Employer			
Mailing Address			Occu	pation		····	
		•	Amou	ınt			
City	State	ZIP Code		anteed			

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only)......

SCHEDULE C (FEC Form 3X)	Use separate schedule(s) PAGE OF
LOANS	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Fuli)	
50 State Strategy	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Robinson Communications	<u> </u>
Mailing Address 152 N. Third St. San Use CA	
	P Code
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1564.10	0 1564.10
TERMS Date Incurred Date	Due Interest Rate Secured:
0209 2012	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Embloyer
,,	The state of Employer
Mailing Address	Occupation

SUBTOTALS This Period This Page (optional)	<u>•</u>	1564.10

ZIP Code

Amount

Guaranteed Outstanding:

TOTALS This Period (last page in this line only)......

State

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

City

ME OF COMMITTEE (In Full) 50 State Stautegy	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 10 OF FORM OV		
50 State Stanlegy		FOR LINE 13 OF FORM 3X		
- U . 1		· · · · · · · · · · · · · · · · · · ·		
- U . 1				
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	lection:		
Robinson Communications		Primary General		
Mailing Address 152 N. Third St. San Jose CA	95112	Other (specify) ▼		
City State ZIP	Code			
Original Amount of Loan Cumulative Payment	To Date Balance	Outstanding at Close of This Period		
500.00	0	500.00.		
TERMS Date Incurred Date D	ue Interest Rate	Secured:		
02 15 2012.	0 0,0	6 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
·	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:	,		

TOTALS This Period (last page in this line only)......

CHEDULE C (FEC Form 3X)						
OANS Use separate s	Use separate schedule	he				
	for each category of the Detailed Summary Page				и эх	
NAME OF COMMITTEE (In Full)						
50 State Strategy.						
LOAN SOURCE Full Name (Last, First, Middle Ini		· · · · · · · · · · · · · · · · · · ·	Election			
Robinson Communica	nons			rimary eneral		
Mailing Address 152 N. Third St. San J	ose CA 9	isia.	0	ther (specify	') ▼	<u>.</u>
City State Original Amount of Loan Cum	ZIP Cod ulative Payment To I		noo Out	totandina at	Close of This	Dominal
500.00		0.00	ince Out	istanoing at	500.	_
TERMS Date Incurred	Date Due	Interest Rate			Secured:	
02 29 2012		O.	00	% (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan	Source				77	·
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP	Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	-	Amount	 -			
City State ZIP	Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation			 .	
City State ZIP	· ·	Amount Guaranteed				
4. Full Name (Last, First, Middle Initial)	i	Outstanding: Name of Employer				
Mailing Address	·	Occupation	······			
Walling Address	_				• • • • • • • • • • • • • • • • • • • •	
City State ZIP	Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)		>			500,(00
OTALS This Period (last page in this line only)		_				

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summan Page

PAGE OF

	Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		
50 State Strategy		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communications	·	Primary General
Mailing Address 152. N. Third St San Jose CA City State ZIP Coo	95112.	Other (specify)
		<u> </u>
Original Amount of Loan Cumulative Payment To	_	ince Outstanding at Close of This Period
64.95.	0,00	64.95
TERMS Date Incurred Date Due	Interest Rate	Secured:
63 01 2012.	().	OO % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
LL		
UBTOTALS This Period This Page (optional)		64.95
OTALS This Period (last page in this line only)	>	
carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forw	ard to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s)

PAGE

· · · · · · · · · · · · · · · · · · ·	for each category of the Detailed Summary Page		OF FORM	зх
IAME OF COMMITTEE (In Full)			V	
50 State Strategy				
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:		
Robinson Communications		Primary General		
Mailing Address 152 N. Third St San Jose CA	95112.	Other (specify)	▼	
City State ZIP Co Original Amount of Loan Cumulative Payment To		nce Outstanding at C	lose of This I	Period
68.00	0,00		68.0	_
	0,00		68.0	<i></i>
TERMS Date Incurred Date Due	Interest Rate		Secured:	
03 13 2012.	0,	00 % (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
Gity State ZIP Code	Outstanding:			•
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			•
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer		<u> </u>	
Mailing Address	Occupation			
	Amount	<u> </u>		
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation	······································		
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)	>		69.0	0
OTALS This Period (last page in this line only)	.			.]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forwa	ard to appropriate li	ne of Summi	arv.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

	Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		·····
50 State Strategy.		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communications		Primary General
Mailing Address 152 N. Third St. San Jose CA 99 City State ZIP Cod	5112.	Other (specify) ▼
Original Amount of Loan Cumulative Payment To I	Jate Balan	ce Outstanding at Close of This Period
500.06	0.00	500,00.
TERMS Date Incurred Date Due	Interest Rate	Secured:
03 15 2012.	0,0	OO % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
1	Amount	
	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
J,	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	, , , , , , , , , , , , , , , , , , , ,
<u> </u>	Amount	
	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
<u> </u>	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	500.00
TOTALS This Period (last page in this line only)		·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forwa	rd to appropriate line of Summary.

SCHEDULE C	(FEC	Form 3X)
LOANS		

Use separate schedule(s) for each category of the PAGE OF

	Detailed Summary Page	FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full)						
50 State Strategy.						
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:				
Robinson Communications	· · · · · · · · · · · · · · · · · · ·	Primary General				
Mailing Address 152 N. Third St. San Jox CA 91 City State ZIP Co	5112.	Other (specify)				
		Octobridge of Classific Residence				
Original Amount of Loan Cumulative Payment To		ance Outstanding at Close of This Period				
200.00	0,00	206,00				
TERMS Date Incurred Date Due	Interest Rate	Secured:				
03 22 2012	0,	, OO % (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	Name of Employer	,				
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
4. Full Name (tast, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount	·····				
City State ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	<u></u>	200.00				
OTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forw	vard to appropriate line of Summary.				

CHEDULE C (FEC Form 3X)						
LOANS		Use separate schedule(s		PAGE	OF	
		for each category Detailed Summary		FOR LINE 13 OF FORM 3X		1 3X
IAME OF COMMITTEE (In Full)						
50 State Strutegy	y , .					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		Ele	ection:		
Robinson Commu	unications			Primary General		
Mailing Address 152 N. Third St. San	JOX CA 951	1a.		Other (specify	<i>)</i> ▼	
City	State ZIP Cod	ie				
Original Amount of Loan	Cumulative Payment To I		Balance	Outstanding at	Close of This	Period
500,00		0,00			500,	00
TERMS Date Incurred	Date Due	Interest	Rate		Secured:	
03 30 2012			0.0		Yes	No
List All Endorsers or Guarantors (if any) t	o Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		·				
City State	ZIP Code	Amount Guaranteed	•			
		Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer			· · · · · · · · · · · · · · · · · · ·	
Mailing Address		Occupation				
	-					
City State	ZIP Code	Amount Guaranteed				
		Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	+	Amount				
City State		Guaranteed				
4. Full Name (Last, First, Middle Initial)	1	Outstanding: Name of Employer				
4. FUII NAME (Last, 1 Hot, Mildure initial)		Name of Employer				
Mailing Address		Occupation				
,		Amount				
City State		Guaranteed Outstanding:				
UBTOTALS This Period This Page (optional).					500,0	∞
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'OTALS This Period (last page in this line only	/)	······				

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) PAGE

OF

CANS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		
50 State Strategy		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communications		Primary General
Mailing Address 152 N Third St San Jose CA City State ZIP Cod	95112.	Other (specify)
City State ZIP Cod Original Amount of Loan Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
	0 00,06	0
TERMS		
Date Incurred Date Due	Interest Rate	Secured:
04 17 2012	0.0) C % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
,	·	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
·	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
		^
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TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s)	PAGE OF		
for each category of the Detailed Summary Page	FOR LINE 13 OF FORM	1 3X	
•	_		
ns.	Primary General		
95112.	Other (specify) ▼		
	Outstanding at Close of This	Period	
1,000,00		0	
le Interest Rate	Secured:		
Ö, Ö	O % (apr) Yes	No	
Name of Employer			
Occupation			
Amount		•	
Guaranteed Outstanding:			
Name of Employer			
Occupation			
Amount	· · · · · · · · · · · · · · · · · · ·		
Guaranteed Outstanding:			
Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Occupation			
Amount			
Guaranteed Outstanding:		-	
Name of Employer			
Occupation			
Amount			
Guaranteed			
	for each category of the Detailed Suramary Page Sample Sample	for each category of the Detailed Summary Page FOR LINE 13 OF FORM Primary General Other (specify) ▼ Code To Date Balance Outstanding at Close of This Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Occupation Occupation	

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TOTALS This Period (last page in this line only)......

SCHEDULE C (FEC Form 3X)		
LOANS	Use separate schedule	
	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)		
50 State Strottegy		•
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communications	· ·	Primary General
Mailing Address 152 N. Third St. San Jox CA		Other (specify) ▼
City State ZIP C		
Original Amount of Loan Cumulative Payment T		lance Outstanding at Close of This Period
1,000.06	900.00	100.00
TERMS Date Incurred Date Due	e Interest Ra	te Secured:
06 17 2012.	0	, Ó Ó % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	•

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Outstanding:

×	Chedule C (rec fulli 3A)					
	DANS	Use separate schedul for each category of the Detailed Summary Pa	the	PAGE FOR LINE	OF 13 OF FORM 3	x
N/	AME OF COMMITTEE (IN Full) 50 State Strategy	· · · · · · · · · · · · · · · · · · ·				
_	LOAN SOURCE Full Name (Last, First, Middle Initial)		Ele	ection:		
	Robinson Communications Mailing Address 152 N. Third St. San Juse CA 99	5112	+	Primary General Other (speci	fy) ▼	
	City State ZIP Co	de :		·		
	Original Amount of Loan Cumulative Payment To		alance i	Outstanding a	t Close of This Pe	eriod
		900.00		ę	,100.0	
	TERMS Date Incurred Date Due	Interest Ro	ote.		Secured:	
	07/17/2012	v vi. vi) % (apr)	Yes	No
	List All Endorsers or Guarantors (if any) to Loan Source					
	Full Name (Last, First, Middle Initial)	Name of Employer		-		
	Mailing Address	Occupation				
	City State ZIP Code	Amount Guaranteed Outstanding:	,	. 2	•	
	2. Full Name (Last, First, Middle Initial)	Name of Employer				
	Mailing Address	Occupation				
	City State ZIP Code	Amount Guaranteed Outstanding:	.3.	9	*	
	3. Full Name (Last, First, Middle Initial)	Name of Employer				
	Mailing Address	Occupation				
	City State ZIP Code	Amount Guaranteed Outstanding:	,	3		
	4. Full Name (Last, First, Middle Initial)	Name of Employer				
	Mailing Address	Occupation				
	City State ZIP Code	Amount Guaranteed Outstanding:	ÿ.	-	9	
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T	OTALS This Period (last page in this line only)	>		1 .	·,	
C	arry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry fo	rward	to appropriat	e line of Summa	ry.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) PAGE

OF

JANS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		
50 State Strutegy.		
LOAN SOURCE Full Name (Last, First, Middle Initial)		lection:
Robinson Communication		Primary General
Mailing Address 152 N. Third St. San Jose Ci City State 2	A 95112 ZIP Code	Other (specify) ▼
Original Amount of Loan Cumulative Paym		Outstanding at Close of This Period
1,000.00	900.00	100,00
TERMS Date Incurred Date	e Due Interest Rate	Secured:
08 17 2012	0,0	O % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	<u> </u>	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation .	
City State ZIP Code	Amount Guaranteed	
2. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation.	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		100 00
UBTOTALS This Period This Page (optional)	>	100,∞. 433410
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erry outstanding balance only to LINE 3. Schedule D. for this lie	ne If no Schedule D. carry forward	to appropriate line of Summers

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(3/2005)